CSCT Work Group Committee
October 19, 2004

Members Present: Doug Sullivan, Diane White, Duane Preshinger, Bob Runkel, Susan Bailey-Anderson, Jim Parker, Drew Eucher, Carol Ewen, Sara Loewen, Michelle Gillespie.

Bob Runkel began the meeting by giving a history of how the CSCT program was resurrected and implemented through the school based health program. The expectation of this group is to review the current program in how it is working, what can be improved and design a system that best supports the schools and meets the needs of the children. Changes to think about would include a different design to the program and modification required.

Carol Ewen stated she felt the CSCT program has finally stabilized and does allow a review. She indicated the group could consider how to design a program that is research based, and follows best practices in order to achieve desired outcomes. We need to determine what is best for the children without so much consideration regarding the financial outcome.

Carol shared that having mental health workers in the schools again was good. The stability of the program now allows for quality control as well as services being offered again to those children in need.

Drew Eucher stated they are reaching kids that hadn't received services in the past. He has also seen peripheral benefits from the program in siblings, and families. The mental health center Great Falls Public Schools contracts with makes the program run smoothly and has the trust of the school. The school has some control over the COST personnel employed by the Mental Health center, and the services they are providing in the schools. At this time, only children in special education receive CSCT services. These services are not written into the child's IEP. He also indicated their school reviews academic progress to determine if the CSCT program is helping the children.

Doug Sullivan indicated it was good to have the CSCT services available in the school. In years past, the only alternative was to send the student home.

Jim Parker stated that since the program has become more stable, schools are now more open to expanding services to include more children. Their mental health center is looking at the CSCT portion and creating a continuum at the elementary, middle, and high school level in order to have a seamless system to transition students.

Doug Sullivan expressed concern that when CSCT was reinstated, the state shifted its responsibility to the schools. This has created extra work for school staff. He also had concern with a CSCT program if a child was receiving these services for the 12 years they attend school. He stated that if changes mean an increased cost to the schools, he would rather not have change. Doug also commented that they struggle to find quality

employees. He does meet with their billing agent to discuss changes in programs within the school based health program as well as reimbursements received. He also stated that the fear and anxiety of an audit has made some districts very careful in setting up the program.

Committee members talked about treating CSCT services as a related service included in children's IEPs. May need to create a subcommittee to discuss more in detail the IEP process and the inclusion of these services. Another item for future discussions is having broader access for those children who don't have Medicaid so they may access needed services.

There was some discussion held related to audits and how to provide support to schools related to how they should internally audit records to verify appropriate documentation and that the documentation can back up what is billed to Medicaid. Carol Ewen indicated they pull various files once a month to determine services have been properly documented. She also has a "pre-audit" record- keeping checklist. It would be advantageous to have a statewide, standardized checklist. She will send a copy of their audit tools to Michelle Gillespie so they may be shared with the committee.

Bob Runkel also indicated there are private companies that schools may contract with to provide an internal audit to verify documentation is appropriate. Bob stated that schools do not make a profit from billing Medicaid. Schools don't have the experience or resources available in the event of an overpayment.

Some improvements the committee discussed related to the CSCT program were

- Transition of children back into school from partial hospitalization
- Review the 12 child limit per mental health team, can there be more flexibility especially in emergency situations
- If a CSCT program is full, mental health centers may offer other services
- Review the two child limit for those children transitioning out of CSCT
- How to get more mental health services in schools, i.e. more mental health aides
- Space in school is very limited
- Allow combination of services, cooperation of therapies from private practitioners
- Limits
- Addition of pre-licensed/in-training professionals in rule and supervision requirements for these personnel
- Make COST fit better in school system starting with ARMs and regulations

Carol thought the committee should consider evidence-based practices that are proven effective for children. Counseling doesn't work for all children. She will provide a document that explains this concept further to share with the committee.

For the next meeting, the committee will discuss benefits and drawbacks of the school versus a mental health center being the provider of services for CSCT. Discussion will

also include possible changes in the current rule regarding targeted case management, and caseload limits, locations where services may be provided, keep family component as a service offered in CSCT.

Meeting was adjourned at 4:00 p.m. The next meeting is set for November 17 from 1:00 – 4:00, Room 107 in the Sanders Building, 111 North Sanders in Helena.